



CORNERSTONE

Broker Insurance Services Agency

DIRECT DEPOSIT AUTHORIZATION FORM

BROKER INFORMATION

Payee Name: _____

Telephone: _____ Tax ID: _____

Fax: _____ E-Mail: _____

Mailing Address: _____

BANK INFORMATION

Bank Name: _____

Business Address: _____

Routing Number: _____ Bank Phone: _____

Account Number: _____ Type: Checking (Attach voided blank check)

I hereby authorize Cornerstone Broker Insurance Services Agency (CBISA) to deposit my commission check via electronic fund transfer (EFT) into the account indicated above. If funds to which I am not entitled are deposited into this account, I authorize CBISA to direct the bank to return said funds without responsibility for the correctness thereof. I will not hold CBISA responsible for delay, loss, or misapplication of funds due to incorrect or incomplete information supplied by me or my depository, or failure of my depository to correctly credit/debit my account.

This authority will remain in effect until written notification of termination or change is received by CBISA or upon issuance of written notice from CBISA.

Signature: _____ Date: _____

Name: _____ Title: _____

PLEASE FORWARD COMPLETED FORM TO:
CBISA, ATTN: COMMISSIONS DEPT., 655 EDEN PARK DRIVE, SUITE 200, CINCINNATI, OH 45202
FAX: 513-629-2395 OR E-MAIL: COMMISSIONS@CRNSTONE.COM